

Changes to your Small Business PPO Off Exchange plans Blue Shield of California

As of January 1, 2023

This notice describes the changes to your Blue Shield health coverage upon your group's renewal. This is only a summary. Updates will be made to the *Evidence of Coverage and Health Service Agreement (EOC)*. Please visit the blueshieldca.com/policies site on or after November 1, 2022 for updated terms and conditions of coverage. If you have any questions about the changes listed below, please contact your Blue Shield representative or call Group Employer Services at **(800) 325-5166**.

The following changes are being made to your health plan.

Product Name

Due to plan requirements from the U.S. Department of Health and Human Services (HHS), the following Product Names have been updated to reflect the correct values:

**From: Silver Full PPO 1800/45 OffEx
Silver Tandem PPO 1800/45 OffEx
To: Silver Full PPO 2000/60 OffEx
Silver Tandem PPO 2000/60 OffEx**

**From: Silver Full PPO 2400/55 OffEx
Silver Tandem PPO 2400/55 OffEx
To: Silver Full PPO 2550/70 OffEx
Silver Tandem PPO 2550/70 OffEx**

**From: Silver Full PPO 2225/50 OffEx
Silver Tandem PPO 2225/50 OffEx
To: Silver Full PPO 2350/65 OffEx
Silver Tandem PPO 2350/65 OffEx**

**From: Silver Full PPO 2400/55 OffEx
Silver Tandem PPO 2400/55 OffEx
To: Silver Full PPO 2550/70 OffEx
Silver Tandem PPO 2550/70 OffEx**

Calendar year medical deductible change

To remain compliant with federal regulations, the calendar year medical deductible for participating providers will increase for the following plans:

**Silver Full PPO 2000/60 OffEx
Silver Tandem PPO 2000/60 OffEx
When using a participating provider³
From: \$1,800 Individual/\$3,600 Family
To: \$2,000 Individual/\$4,000 Family**

When using any combination of participating³ and non-participating providers⁴



From: \$3,600 Individual / \$7,200 Family

To: \$4,000 Individual / \$8,000 Family

Silver Full PPO 2550/70 OffEx

Silver Tandem PPO 2550/70 OffEx

When using a participating provider³

From: \$2,400 Individual / \$4,800 Family

To: \$2,550 Individual / \$5,100 Family

When using any combination of participating³ and non-participating providers⁴

From: \$4,800 Individual / \$9,600 Family

To: \$5,100 Individual / \$10,200 Family

Silver Full PPO 2350/65 OffEx

Silver Tandem PPO 2350/65 OffEx

When using a participating provider³

From: \$2,225 Individual / \$4,450 Family

To: \$2,350 Individual / \$4,700 Family

When using any combination of participating³ and non-participating providers⁴

From: \$4,450 Individual / \$8,900 Family

To: \$4,700 Individual / \$9,400 Family

Pharmacy Deductible

To remain compliant with federal regulations, the calendar year pharmacy deductible for participating providers will increase for the following plans:

Silver Full PPO 2000/60 OffEx

Silver Tandem PPO 2000/60 OffEx

When using a participating provider³

From: \$300 Individual / \$600 Family

To: \$350 Individual / \$700 Family

Silver Full PPO 2350/65 OffEx

Silver Tandem PPO 2350/65 OffEx

When using a participating provider³

From: \$300 Individual / \$600 Family

To: \$350 Individual / \$700 Family

Calendar-Year Out-of-Pocket Maximum

Consistent with new Federal regulations, the Calendar-year out-of-pocket maximums for participating providers will change for the following plans:

Platinum Full PPO 0/10 OffEx

Platinum Tandem PPO 0/10 OffEx

When using a participating provider³

From: \$4,500 Individual/\$9,000 Family

To: \$4,700 Individual/\$9,400 Family

When using a non-participating providers⁴

From: \$9,000 Individual /\$18,000 Family

To: \$9,400 Individual / \$18,800 Family

Gold Full PPO 0/25 OffEx

Gold Tandem PPO 0/25 OffEx

When using a participating provider³

From: \$8,100 Individual/\$16,200 Family

To: \$8,500 Individual/\$17,000 Family

When using a non-participating providers⁴

From: 16,200 Individual /\$32,400 Family

To: \$17,000 Individual / \$34,000 Family

Gold Full PPO 500/30 OffEx

Gold Tandem PPO 500/30 OffEx

When using a participating provider³

From: \$8,150 Individual/\$16,300 Family

To: \$8,500 Individual/\$17,000 Family

When using a non-participating providers⁴

From: 16,300 Individual /\$32,600 Family

To: \$17,000 Individual / \$34,000 Family

Gold Full PPO 500/30 OffEx

Gold Tandem PPO 500/30 OffEx

When using a participating provider³

From: \$8,150 Individual/\$16,300 Family

To: \$8,500 Individual/\$17,000 Family

When using a non-participating providers⁴

From: 16,300 Individual /\$32,600 Family

To: \$17,000 Individual / \$34,000 Family

Silver Full PPO 2000/60 OffEx

Silver Tandem PPO 2000/60 OffEx

When using a participating provider³

From: \$8,350 Individual/\$16,700 Family

To: \$8,750 Individual/\$17,500 Family

When using a non-participating providers⁴

From: 16,700 Individual / \$33,400 Family
To: \$17,500 Individual / \$35,000 Family

Silver Full PPO 2550/70 OffEx

Silver Tandem PPO 2550/70 OffEx

When using a participating provider³

From: \$8,200 Individual / \$16,400 Family

To: \$8,750 Individual / \$17,500 Family

When using a non-participating providers⁴

From: 16,400 Individual / \$32,800 Family

To: \$17,500 Individual / \$35,000 Family

Bronze Full PPO 6250/65 OffEx

Bronze Tandem PPO 6250/65 OffEx

When using a participating provider³

From: \$8,350 Individual / \$16,700 Family

To: \$8,750 Individual / \$17,500 Family

When using a non-participating providers⁴

From: 16,700 Individual / \$33,400 Family

To: \$17,500 Individual / \$35,000 Family

Bronze Full PPO 6850/55 OffEx

Bronze Tandem PPO 6850/55 OffEx

When using a participating provider³

From: \$8,350 Individual / \$16,700 Family

To: \$8,750 Individual / \$17,500 Family

When using a non-participating providers⁴

From: 16,700 Individual / \$33,400 Family

To: \$17,500 Individual / \$35,000 Family

Bronze Full PPO 7500/65 OffEx

Bronze Tandem PPO 7500/65 OffEx

When using a participating provider³

From: \$8,350 Individual / \$16,700 Family

To: \$8,750 Individual / \$17,500 Family

When using a non-participating providers⁴

From: 16,700 Individual / \$33,400 Family

To: \$17,500 Individual / \$35,000 Family

Platinum Full PPO 0/0 OffEx

Platinum Tandem PPO 0/0 OffEx

When using a participating provider³

From: \$4,500 Individual / \$9,000 Family

To: \$5,000 Individual / \$10,000 Family

When using a non-participating providers⁴

From: 9,000 Individual / \$18,000 Family
To: \$10,000 Individual / \$20,000 Family

Silver Full PPO 2350/65 OffEx

Silver Tandem PPO 2350/65 OffEx

When using a participating provider³

From: \$8,200 Individual / \$16,400 Family

To: \$8,750 Individual / \$17,500 Family

When using a non-participating providers⁴

From: 16,400 Individual / \$32,800 Family

To: \$17,500 Individual / \$35,000 Family

Bronze Full PPO 5500/65 OffEx

Bronze Tandem PPO 5500/65 OffEx

When using a participating provider³

From: \$8,350 Individual / \$16,700 Family

To: \$8,750 Individual / \$17,500 Family

When using a non-participating providers⁴

From: 16,700 Individual / \$33,400 Family

To: \$17,500 Individual / \$35,000 Family

Bronze Full PPO 6500/70 OffEx

Bronze Tandem PPO 6500/70 OffEx

When using a participating provider³

From: \$8,350 Individual / \$16,700 Family

To: \$8,750 Individual / \$17,500 Family

When using a non-participating providers⁴

From: 16,700 Individual / \$33,400 Family

To: \$17,500 Individual / \$35,000 Family

Physicians Services: Primary Care office visit | Podiatric services

To remain compliant with federal regulations, cost share for Physicians Services: Primary Care office visit and Podiatric services will increase for the following plans:

Silver Full PPO 2000/60 OffEx

Silver Tandem PPO 2000/60 OffEx

When using a participating provider³

From: \$45

To: \$60

Silver Full PPO 2350/65 OffEx

Silver Tandem PPO 2350/65 OffEx

When using a participating provider³

From: \$50

To: \$65 per visit; or \$0/visit under the Value Based Program

Silver Full PPO 2550/70 OffEx
Silver Tandem PPO 2550/70 OffEx
When using a participating provider ³
From: \$55
To: \$70

Physicians Services : Other practitioner visit | Physician home visit

To remain compliant with federal regulations, cost share for Physicians Services: Other practitioner visit and Physician Home visits will increase for the following plans:

Silver Full PPO 2000/60 OffEx
Silver Tandem PPO 2000/60 OffEx
When using a participating provider ³
From: \$45
To: \$60

Silver Full PPO 2350/65 OffEx
Silver Tandem PPO 2350/65 OffEx
When using a participating provider ³
From: \$50
To: \$65

Silver Full PPO 2550/70 OffEx
Silver Tandem PPO 2550/70 OffEx
When using a participating provider ³
From: \$55
To: \$70

Physicians Services : Specialist care office visit

To remain compliant with federal regulations, cost share for Specialist care office visit will increase for the following plans:

Platinum Full PPO 0/10 OffEx
Platinum Tandem PPO 0/10 OffEx
When using a participating provider ³
From: \$25
To: \$30

Silver Full PPO 2000/60 OffEx
Silver Tandem PPO 2000/60 OffEx
When using a participating provider ³
From: \$75
To: \$80

Silver Full PPO 2550/70 OffEx

Silver Tandem PPO 2550/70 OffEx
When using a participating provider ³
From: \$75
To: \$80

Silver Full PPO 2350/65 OffEx
Silver Tandem PPO 2350/65 OffEx
When using a participating provider ³
From: \$75
To: \$80 per visit; or \$0/visit under the Value Based Program

Abortion and abortion-related services

In compliance with SB245, the cost share for Abortion and abortion-related services will change for the following plans:

Platinum Full PPO 0/10 OffEx
Platinum Tandem PPO 0/10 OffEx
Platinum Full PPO 250/15 OffEx
Platinum Tandem PPO 250/15 OffEx
Platinum Full PPO 0/0 OffEx
Platinum Tandem PPO 0/0 OffEx
Platinum Full PPO 250/10 OffEx
Platinum Tandem PPO 250/10 OffEx
When using a participating provider ³
From: 10%
To: No Charge
When using a non-participating providers⁴
From: 40%
To: No Charge, deductible does not apply

Gold Full PPO 0/25 OffEx
Gold Tandem PPO 0/25 OffEx
When using a participating provider ³
From: 30%
To: No Charge
When using a non-participating providers⁴
From: 40%
To: No Charge, deductible does not apply

Gold Full PPO 500/30 OffEx
Gold Tandem PPO 500/30 OffEx
Gold Full PPO 750/30 OffEx
Gold Tandem PPO 750/30 OffEx
Gold Full PPO 1000/35 OffEx

Gold Tandem PPO 1000/35 OffEx

When using a participating provider³

From: 20%

To: No Charge

When using a non-participating providers⁴

From: 40%

To: No Charge, deductible does not apply

Silver Full PPO 2000/60 OffEx

Silver Tandem PPO 2000/60 OffEx

When using a participating provider³

From: 35%

To: No Charge, deductible does not apply

When using a non-participating providers⁴

From: 50%

To: No Charge, deductible does not apply

Silver Full PPO 2550/70 OffEx

Silver Tandem PPO 2550/70 OffEx

Silver Full PPO 2350/65 OffEx

Silver Tandem PPO 2350/65

When using a participating provider³

From: 40%

To: No Charge, deductible does not apply

When using a non-participating providers⁴

From: 50%

To: No Charge, deductible does not apply

Bronze Full PPO 6250/65 OffEx

Bronze Tandem PPO 6250/65 OffEx

Bronze Full PPO 6850/55 OffEx

Bronze Tandem PPO 6850/55 OffEx

Bronze Full PPO 7500/65 OffEx

Bronze Tandem PPO 7500/65 OffEx

Bronze Full PPO 5500/65 OffEx

Bronze Tandem PPO 5500/65 OffEx

Bronze Full PPO 6500/70 OffEx

Bronze Tandem PPO 6500/70 OffEx

When using a participating provider³

From: 50%

To: No Charge, deductible does not apply

When using a non-participating providers⁴

From: 50%

To: No Charge, deductible does not apply

Emergency Services: Urgent care services

To remain compliant with federal regulations, cost share for Emergency Services: Urgent care services will increase for the following plans:

Silver Full PPO 2000/60 OffEx

Silver Tandem PPO 2000/60 OffEx

When using a participating provider³

From: \$45

To: \$60

Silver Full PPO 2550/70 OffEx

Silver Tandem PPO 2550/70 OffEx

When using a participating provider³

From: \$55

To: \$70

Diagnostic Tests: Laboratory center Includes diagnostic Papanicolaou (Pap) test

To remain compliant with federal regulations, cost share for Diagnostic Tests: Laboratory center Includes diagnostic Papanicolaou (Pap) test will increase for the following plans:

Silver Full PPO 2000/60 OffEx

Silver Tandem PPO 2000/60 OffEx

When using a participating provider³

From: \$45

To: \$60

Silver Full PPO 2550/70 OffEx

Silver Tandem PPO 2550/70 OffEx

When using a participating provider³

From: \$55

To: \$65

Diagnostic Tests: Outpatient radiology center Includes diagnostic mammography | Office location radiology center Includes diagnostic mammography

The cost share for Diagnostic Tests: Outpatient radiology center Includes diagnostic mammography and Outpatient department of a Hospital Includes diagnostic mammography. will change for the following plan:

Silver Full PPO 2550/70 OffEx

Silver Tandem PPO 2550/70 OffEx

When using a participating provider³

From: \$55

To: \$85

Diagnostic Tests: Outpatient department of a Hospital Includes diagnostic mammography |

Testing to diagnose illness or injury such as vestibular function tests, EKG, ECG, cardiac monitoring, non-invasive vascular studies, sleep medicine testing, muscle and range of motion tests, EEG, and EMG.

The cost share for Diagnostic Tests: Outpatient radiology center Includes diagnostic mammography and Outpatient department of a Hospital Includes diagnostic mammography. will change for the following plan:

Silver Full PPO 2550/70 OffEx

Silver Tandem PPO 2550/70 OffEx

When using a participating provider ³

From: \$55

To: \$135

Habilitation & Rehabilitation: Office location | Outpatient department of a Hospital

To remain compliant with federal regulations, cost share for Habilitation & Rehabilitation: Office location and Outpatient department of a Hospital will increase for the following plan:

Silver Full PPO 2000/60 OffEx

Silver Tandem PPO 2000/60 OffEx

When using a participating provider ³

From: \$45

To: \$60

Home Health: Home infusion agency services | Home health medical supplies | Hemophilia home infusion services

To remain compliant with federal regulations, cost share for Home Health: Home infusion agency services, Home health medical supplies, and Hemophilia home infusion services will increase for the following plans:

Platinum Full PPO 0/10 OffEx

Platinum Tandem PPO 0/10 OffEx

When using a participating provider ³

From: 10%

To: \$45

Platinum Full PPO 250/15 OffEx

Platinum Tandem PPO 250/15 OffEx

When using a participating provider ³

From: 10%

To: \$45

Gold Full PPO 0/25 OffEx

Gold Tandem 0/25 OffEx

When using a participating provider ³

From: 10%

To: \$45

Gold Full PPO 500/30 OffEx
Gold Tandem 500/30 OffEx
When using a participating provider ³
From: 20%
To: \$45

Gold Full PPO 750/30 OffEx
Gold Tandem PPO 750/30 OffEx
When using a participating provider ³
From: 20%
To: \$45

Gold Full PPO 1000/35 OffEx
Gold Tandem PPO 1000/35 OffEx
When using a participating provider ³
From: 20%
To: \$45

Silver Full PPO 2000/60 OffEx
Silver Tandem PPO 2000/60 OffEx
When using a participating provider ³
From: 35%
To: \$45

Silver Full PPO 2550/70 OffEx
Silver Tandem PPO 2550/70 OffEx
When using a participating provider ³
From: 40%
To: \$45

Bronze Full PPO 6250/65 OffEx
Bronze Tandem PPO 6250/65 OffEx
When using a participating provider ³
From: 40%
To: \$45

Bronze Full PPO 6850/55 OffEx
Bronze Tandem PPO 6850/55 OffEx
When using a participating provider ³
From: 35%
To: \$45

Bronze Full PPO 7500/65 OffEx
Bronze Tandem PPO 7500/65 OffEx
When using a participating provider ³

From: 50%

To: \$45

Platinum Full PPO 0/0 OffEx

Platinum Tandem PPO 0/0 OffEx

When using a participating provider ³

From: 10%

To: \$45

Platinum Full PPO 250/10 OffEx

Platinum Tandem PPO 250/10 OffEx

When using a participating provider ³

From: 10%

To: \$45

Silver Full PPO 2350/65 OffEx

Silver Tandem PPO 2350/65 OffEx

When using a participating provider ³

From: 40%

To: \$45

Bronze Full PPO 5500/65 OffEx

Bronze Tandem PPO 5500/65 OffEx

When using a participating provider ³

From: 50%

To: \$45

Bronze Full PPO 6500/70 OffEx

Bronze Tandem PPO 6500/70 OffEx

When using a participating provider ³

From: 50%

To: \$45

Mental Health/Substance Use Disorder Services: Mental Health and Substance Use Disorder Office visit, including physician office visit

To remain compliant with federal regulations, cost share for Mental Health/Substance Use Disorder Services: Mental Health and Substance Use Disorder Office visit, including physician office visit will increase for the following plans:

Silver Full PPO 2000/60 OffEx

Silver Tandem PPO 2000/60 OffEx

When using a participating provider ³

From: \$45

To: \$60

Silver Full PPO 2550/70 OffEx

Silver Tandem PPO 2550/70 OffEx

When using a participating provider³

From: \$55

To: \$70

Outpatient services: Outpatient department of a Hospital: Surgery

To remain compliant with federal regulations, the cost share for Outpatient department of a Hospital: Surgery will increase for the following plans:

Silver Full PPO 2550/70 OffEx

Silver Tandem PPO 2550/70 OffEx

When using a participating provider³

From: \$250 per surgery + 40%, deductible applies

To: 50%, deductible applies

Prescription Drugs-Retail (30-day supply) Retail Tier 1 Drugs

The cost share for Prescription Drugs-Retail (30-day supply) Retail Tier 1 Drugs will change for the following plans:

Silver Full PPO 2000/60 OffEx

From: \$20 per prescription

To: \$25 per prescription

Silver Tandem PPO 2000/60 OffEx

From: Level A: \$20 per prescription Level B: \$25 per prescription

To: Level A: \$25 per prescription Level B: \$30 per prescription

Silver Full PPO 2350/65 OffEx

From: \$20 per prescription

To: \$25 per prescription

Silver Tandem PPO 2350/65 OffEx

From: Level A: \$20 per prescription Level B: \$25 per prescription

To: Level A: \$25 per prescription Level B: \$30 per prescription

Silver Full PPO 2550/70 OffEx

From: \$20 per prescription

To: \$25 per prescription

Silver Tandem PPO 2550/70 OffEx

From: Level A: \$20 per prescription Level B: \$25 per prescription

To: Level A: \$25 per prescription Level B: \$30 per prescription

Prescription Drugs-Retail (30-day supply) Retail Tier 2 Drugs

The cost share for Prescription Drugs-Retail (30-day supply) Retail Tier 2 Drugs will change for the following plans:

Gold Full PPO 0/25 OffEx**From:** \$40 per prescription**To:** \$45 per prescription**Gold Tandem PPO 0/25 OffEx****From:** Level A: \$40 per prescription Level B: \$60 per prescription**To:** Level A: \$45 per prescription Level B: \$65 per prescription**Silver Full PPO 2000/60 OffEx****From:** \$75 per prescription**To:** \$80 per prescription**Silver Tandem PPO 2000/60 OffEx****From:** Level A: \$75 per prescription Level B: \$100 per prescription**To:** Level A: \$80 per prescription Level B: \$105 per prescription (N)**Silver Full PPO 2350/65 OffEx****From:** \$50 per prescription**To:** \$75 per prescription**Silver Tandem PPO 2350/65 OffEx****From:** Level A: \$50 per prescription Level B: \$75 per prescription**To:** Level A: \$75 per prescription Level B: \$100 per prescription**Prescription Drugs-Retail (90-day supply) Retail Tier 1 Drugs**

The cost share for Prescription Drugs-Retail (90-day supply) Retail Tier 1 Drugs will change for the following plans:

Silver Full PPO 2000/60 OffEx**From:** \$60 per prescription**To:** \$75 per prescription**Silver Tandem PPO 2000/60 OffEx****From:** Level A: \$60 per prescription Level B: \$75 per prescription**To:** Level A: \$75 per prescription Level B: \$90 per prescription**Silver Full PPO 2350/65 OffEx****From:** \$60 per prescription**To:** \$75 per prescription**Silver Tandem PPO 2350/65 OffEx****From:** Level A: \$60 per prescription Level B: \$75 per prescription**To:** Level A: \$75 per prescription Level B: \$90 per prescription**Silver Full PPO 2550/70 OffEx****From:** \$60 per prescription**To:** \$75 per prescription**Silver Tandem PPO 2550/70 OffEx**

From: Level A: \$60 per prescription Level B: \$75 per prescription
To: Level A: \$75 per prescription Level B: \$90 per prescription

Prescription Drugs-Retail (90-day supply) Retail Tier 2 Drugs

The cost share for Prescription Drugs-Retail (90-day supply) Retail Tier 2 Drugs will change for the following plans:

Gold Full PPO 0/25 OffEx

From: \$120 per prescription
To: \$135 per prescription

Gold Tandem PPO 0/25 OffEx

From: Level A: \$120 per prescription Level B: \$180 per prescription
To: Level A: \$135 per prescription Level B: \$195 per prescription

Silver Full PPO 2000/60 OffEx

From: \$225 per prescription
To: \$240 per prescription

Silver Tandem PPO 2000/60 OffEx

From: Level A: \$225 per prescription Level B: \$300 per prescription
To: Level A: \$240 per prescription Level B: \$315 per prescription

Silver Full PPO 2350/65 OffEx

From: \$150 per prescription
To: \$225 per prescription

Silver Tandem PPO 2350/65

From: Level A: \$150 per prescription Level B: \$225 per prescription
To: Level A: \$225 per prescription Level B: \$300 per prescription

Prescription Drugs-Mail Order (90-day supply) Mail Service Tier 1 Drugs

The cost share for Prescription Drugs-Mail Order (90-day supply) Mail Service Tier 1 Drugs will change for the following plans:

Silver Full PPO 2000/60 OffEx

Silver Tandem PPO 2000/60 OffEx

From: \$40 per prescription
To: \$50 per prescription

Silver Full PPO 2350/65 OffEx

Silver Tandem PPO 2350/65 OffEx

From: \$40 per prescription
To: \$50 per prescription

Silver Full PPO 2550/70 OffEx

From: \$40 per prescription
To: \$50 per prescription

Silver Tandem PPO 2550/70 OffEx

From: \$40 per prescription

To: \$50 per prescription

Prescription Drugs-Mail Order (90-day supply) Mail Service Tier 2 Drugs

The cost share for Prescription Drugs-Mail Order (90-day supply) Mail Service Tier 2 Drugs **will change for the following plans:**

Silver Full PPO 2000/60 OffEx

Silver Tandem PPO 2000/60 OffEx

From: \$150 per prescription

To: \$160 per prescription (N)

Silver Full PPO 2350/65 OffEx

Silver Tandem PPO 2350/65 OffEx

From: \$100 per prescription

To: \$150 per prescription

Diabetes Medical nutrition therapy

In an effort to provide clarification of coverage, this benefit and cost share are now shown as follows for the following plans:

Platinum Full PPO 0/10 OffEx

Platinum Tandem PPO 0/10 OffEx

Platinum Full PPO 250/15 OffEx

Platinum Tandem PPO 250/15 OffEx

Platinum Full PPO 0/0 OffEx

Platinum Tandem PPO 0/0 OffEx

Platinum Full PPO 250/10 OffEx

Platinum Tandem PPO 250/10 OffEx

Gold Full PPO 0/25 OffEx

Gold Tandem PPO 0/25 OffEx

Gold Full PPO 500/30 OffEx

Gold Tandem PPO 500/30 OffEx

Gold Full PPO 750/30 OffEx

Gold Tandem PPO 750/30 OffEx

Gold Full PPO 1000/35 OffEx

Gold Tandem PPO 1000/35 OffEx

From: NA

To: No Charge, deductible does not apply

When using a non-participating providers⁴

From: NA

To: 40%, deductible applies

Silver Full PPO 2000/60 OffEx
Silver Tandem PPO 2000/60 OffEx
Silver Full PPO 2550/70 OffEx
Silver Tandem PPO 2550/70 OffEx
Silver Full PPO 2350/65 OffEx
Silver Tandem PPO 2350/65
Bronze Full PPO 6250/65 OffEx
Bronze Tandem PPO 6250/65 OffEx
Bronze Full PPO 6850/55 OffEx
Bronze Tandem PPO 6850/55 OffEx
Bronze Full PPO 7500/65 OffEx
Bronze Tandem PPO 7500/65 OffEx
Bronze Full PPO 5500/65 OffEx
Bronze Tandem PPO 5500/65 OffEx
Bronze Full PPO 6500/70 OffEx
Bronze Tandem PPO 6500/70 OffEx
When using a participating provider ³
From: NA
To: No Charge, deductible does not apply
When using a non-participating providers⁴
From: NA
To: 50%, deductible applies

Medical nutrition therapy, not related to diabetes

In an effort to provide clarification of coverage, this benefit and cost share are now shown as follows for the following plans:

Platinum Full PPO 0/10 OffEx
Platinum Tandem PPO 0/10 OffEx
Platinum Full PPO 0/0 OffEx
Platinum Tandem PPO 0/0 OffEx
From: NA
To: 10% deductible does not apply
When using a non-participating providers⁴
From: NA
To: 40%, deductible applies

Platinum Full PPO 250/15 OffEx
Platinum Tandem PPO 250/15 OffEx
Platinum Full PPO 250/10 OffEx
Platinum Tandem PPO 250/10 OffEx
When using a participating provider ³

From: NA

To: 10%, deductible does not apply

When using a non-participating providers⁴

From: NA

To: 40%, deductible applies

Gold Full PPO 0/25 OffEx

Gold Tandem PPO 0/25 OffEx

When using a participating provider³

From: NA

To: 30% deductible does not apply

When using a non-participating providers⁴

From: NA

To: 40%, deductible applies

Gold Full PPO 500/30 OffEx

Gold Tandem PPO 500/30 OffEx

Gold Full PPO 750/30 OffEx

Gold Tandem PPO 750/30 OffEx

Gold Full PPO 1000/35 OffEx

Gold Tandem PPO 1000/35 OffEx

When using a participating provider³

From: NA

To: 20%, deductible applies

When using a non-participating providers⁴

From: NA

To: 40%, deductible applies

Silver Full PPO 2000/60 OffEx

Silver Tandem PPO 2000/60 OffEx

When using a participating provider³

From: NA

To: 35%, deductible applies

When using a non-participating providers⁴

From: NA

To: 50%, deductible applies

Silver Full PPO 2550/70 OffEx

Silver Tandem PPO 2550/70 OffEx

Silver Full PPO 2350/65 OffEx

Silver Tandem PPO 2350/65

When using a participating provider³

From: NA

To: 40%, deductible applies

When using a non-participating providers⁴

From: NA

To: 50%, deductible applies

Bronze Full PPO 6250/65 OffEx

Bronze Tandem PPO 6250/65 OffEx

To: 40%, deductible applies

When using a non-participating providers⁴

From: NA

To: 50%, deductible applies

Bronze Full PPO 6850/55 OffEx

Bronze Tandem PPO 6850/55 OffEx

From: NA

To: 35%, deductible applies

When using a non-participating providers⁴

From: NA

To: 50%, deductible applies

Bronze Full PPO 7500/65 OffEx

Bronze Tandem PPO 7500/65 OffEx

Bronze Full PPO 5500/65 OffEx

Bronze Tandem PPO 5500/65 OffEx

Bronze Full PPO 6500/70 OffEx

Bronze Tandem PPO 6500/70 OffEx

When using a participating provider³

From: NA

To: 50%, deductible applies

When using a non-participating providers⁴

From: NA

To: 50%, deductible applies

The following **changes** have been made to your benefits.

Pregnancy and maternity care

The benefit service name has changed.

From: "Physician services for pregnancy termination"

To: "Abortion and abortion-related services"

This change is in the SOB and EOC under "Pregnancy and Maternity Care"

This change does not impact how your benefits work.

Home infusion and home injectable therapy services: Home infusion visits by an infusion nurse and Home infusion agency services

The benefit service listed in your SOB "Home visits by an infusion nurse" has been combined with services available under "Home infusion agency services."

From: Includes home infusion drugs and medical supplies

To: Includes home infusion drugs and medical supplies, **and visits by a nurse**

Mental Health and Substance Use Disorder Benefits: Outpatient services: Teladoc mental health

Telehealth services known as "Teladoc behavioral health" will be reclassified as "Teladoc mental health."

The description of type of care provided by Teladoc has been revised to clarify what services they provide and who can access the service. Refer to "Other Ways to Access Care" under "Teladoc" for a full service description.

Diabetic care services: Devices, equipment, and supplies

Continuous glucose monitors are listed under as a covered benefit. For your convenience, you will be able to obtain this device at the retail pharmacy.

This change is in the following areas of your EOC:

- **Devices, Equipment, and Supplies**
- **Durable Medical Equipment**
- **Prescription Drug Benefits**
- **Definitions: Drugs**

Diabetic care services: Self-management training and medical nutrition therapy

New benefit/service item has been added under the Diabetes Care Services category: "Medical Nutrition Therapy" to ensure that members are aware of the benefit and associated cost share.

This change is in the following areas of your EOC:

- **Self-management training and medical nutrition therapy**

Review your SOB and EOC for a full service description.

Outpatient prescription Drug exclusions and limitation

To improve member experience, appetite suppressants or drugs for body weight reduction [that have been approved by the U.S. Food and Drug Administration (FDA)] have been removed the table of "Outpatient Prescription Drug Exclusions and Limitations."

Other Professional Services: Medical Nutrition Therapy, not related to diabetes

New benefit/service has been added under the Other Professional Services category: "Medical Nutrition Therapy, not related to diabetes" in the SOB. A new section has been added to the EOC "Medical Nutrition Therapy." These services are specific for conditions outside of what is covered under diabetes care services.

Review your SOB and EOC for a full service description.

Blue Shield of California

Notice Informing Individuals about Nondiscrimination and Accessibility Requirements

Discrimination is against the law

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. Blue Shield of California does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield of California:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
 - Qualified sign language interpreters
 - Written information in other formats (including large print, audio, accessible electronic formats, and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Blue Shield of California Civil Rights Coordinator.

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

Blue Shield of California
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007

Phone: (844) 831-4133 (TTY: 711)

Fax: (844) 696-6070

Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.

Notice of the Availability of Language Assistance Services

Blue Shield of California

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For help at no cost, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda sin cargo, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198. (Spanish)

重要通知：您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以用您所講的語言書寫。如需免費幫助，請立即撥打登列在您的Blue Shield ID卡背面上的會員/客戶服務部的電話，或者撥打電話 (866) 346-7198。(Chinese)

QUAN TRỌNG: Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số (866) 346-7198. (Vietnamese)

MAHALAGA: Nababasa mo ba ang sulat na ito? Kung hindi, maari kaming kumuha ng isang tao upang matulungan ka upang mabasa ito. Maari ka ring makakuha ng sulat na ito na nakasulat sa iyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa numerong telepono ng Miyembro/Customer Service sa likod ng iyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

Baa' ákohwiindzindooígí: Díí naaltsoosísh yíiniłta'go bíinígah? Doo bíinígahgóó éí, naaltsoos nich'í' yíidóoltahígíí ła' nihee hółó. Díí naaltsoos áldó' t'áá Diné k'ehjí ádoolníł nínízingo bíighah. Doo bąąh ílínígó shiká' adoowoł nínízingó nihich'í' béesh bee hodiłnih dóó námboo éí díí Blue Shield bee néfho'díłzinígí bine'déé' bikáá' éí doodagó éí (866) 346-7198 jį' hodiłnih. (Navajo)

중요: 이 서신을 읽을 수 있으세요? 읽으실 수 경우, 도움을 드릴 수 있는 사람이 있습니다. 또한 다른 언어로 작성된 이 서신을 받으실 수도 있습니다. 무료로 도움을 받으시려면 Blue Shield ID 카드 뒷면의 회원/고객 서비스 전화번호 또는 (866) 346-7198로 지금 전환하세요. (Korean)

ԿԱՐԵՎՈՐ Է. Կարողանում ե՞ք կարդալ այս նամակը: Եթե ոչ, ապա մենք կօգնենք ձեզ: Դուք պետք է նաև կարողանաք ստանալ այս նամակը ձեր լեզվով: Օտարալուրջունն անվճար է: Խնդրում ենք անմիջապես զանգահարել Հաճախորդների սպասարկման բաժնի հեռախոսահամարով, որը նշված է ձեր Blue Shield ID քարտի ետևի մասում, կամ (866) 346-7198 համարով: (Armenian)

ВАЖНО: Не можете прочесть данное письмо? Мы поможем вам, если необходимо. Вы также можете получить это письмо написанное на вашем родном языке. Позвоните в Службу клиентской/членской поддержки прямо сейчас по телефону, указанному сзади идентификационной карты Blue Shield, или по телефону (866) 346-7198, и вам помогут совершенно бесплатно. (Russian)

重要：お客様は、この手紙を読むことができますか？もし読むことができない場合、弊社が、お客様をサポートする人物を手配いたします。また、お客様の母国語で書かれた手紙をお送りすることも可能です。無料のサポートを希望される場合は、Blue Shield IDカードの裏面に記載されている会員/お客様サービスの電話番号、または、(866) 346-7198にお電話をおかけください。 (Japanese)

મહત્વ: આપીએ આ નામ આ બોલાવો? અગર પાસખતાન મનફી અસ્ટ, મીટુઅનિમ કસી રા બ્રાઈ કમક બે શમા ડર અખતિયારતાન ડ્રાર ડહિમ. અતી મીટુઅનિડ નસખે મક્ટુબ આ નામ આ બે ઝબાન અુડતાન ડ્રિયફ્ટ કનિડ. બ્રાઈ ડ્રિયફ્ટ કમક રાઈગાન, લૂફા બુડન ફુટ વુક્ટ અઝ ટ્રિયક શમારે ટલ્ફની કહે ડ્ર પશ્ટ કાર્ટ શનાસી Blue Shield ટાન ડ્રજ શુડે અસ્ટ વ યા અઝ ટ્રિયક શમારે ટલ્ફન (866) 346-7198 બા અડમાટ અડ્ઢા/મશ્ટરી ટમાસ બઁગિરિડ. (Persian)

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ ਤਾਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿਚ ਮਦਦ ਲਈ ਅਸੀਂ ਕਿਸੇ ਵਿਅਕਤੀ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ। ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲਿਖਿਆ ਹੋਇਆ ਵੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਮੁਫਤ ਵਿਚ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਤੁਰਾਡੇ Blue Shield ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਮੈਂਬਰ/ਕਸਟਮਰ ਸਰਵਿਸ ਟੈਲੀਫੋਨ ਨੰਬਰ ਤੇ, ਜਾਂ (866) 346-7198 ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

ប្រការសំខាន់៖ តើអ្នកអាចលិខិតនេះ បានដែរឬទេ? បើមិនអាចទេ យើងអាចឲ្យគេជួយអ្នកក្នុងការអានលិខិតនេះ។ អ្នកក៏អាចទទួលបានលិខិតនេះជាភាសារបស់អ្នកផងដែរ។ សម្រាប់ជំនួយដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទភ្លាមៗទៅកាន់លេខទូរស័ព្ទសេវាសមាជិក/អតិថិជនដែលមាននៅលើខ្ទងប័ណ្ណសម្គាល់ Blue Shield របស់អ្នក ឬតាមរយៈលេខ (866) 346-7198។ (Khmer)

المهم: هل تستطيع قراءة هذا الخطاب؟ أن لم تستطع قراءته، يمكننا إحضار شخص ما ليساعدك في قراءته. قد تحتاج أيضاً إلى الحصول على هذا الخطاب مكتوباً بلغتك. للحصول على المساعدة بدون تكلفة، يرجى الاتصال الآن على رقم هاتف خدمة العملاء/أحد الأعضاء المدون على الجانب الخلفي من بطاقة الهوية Blue Shield أو على الرقم (866) 346-7198. (Arabic)

TSEEM CEEB: Koj pos tuaj yeem nyeem tau tsab ntawv no? Yog hais tias nyeem tsis tau, peb tuaj yeem nrhiav ib tug neeg los pab nyeem nws rau koj. Tej zaum koj kuj yuav tau txais muab tsab ntawv no sau ua koj hom lus. Rau kev pab txhais dawb, thov hu kiag rau tus xov tooj Kev Pab Cuam Tub Koom Xeeb/Tub Lag Luam uas nyob rau sab nraum nrob qaum ntawm koj daim npav Blue Shield ID, los yog hu rau tus xov tooj (866) 346-7198. (Hmong)

สำคัญ: คุณอ่านจดหมายฉบับนี้ได้หรือไม่ หากไม่ได้ โปรดขอความช่วยเหลือจากผู้อ่านได้ คุณอาจได้รับจดหมายฉบับนี้เป็นภาษาของคุณ หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย โปรดติดต่อฝ่ายบริการลูกค้า/สมาชิกทางเบอร์โทรศัพท์ในบัตรประจำตัว Blue Shield ของคุณ หรือโทร (866) 346-7198 (Thai)

महत्वपूर्ण: क्या आप इस पत्र को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी मदद के लिए किसी व्यक्ति का प्रबंध कर सकते हैं। आप इस पत्र को अपनी भाषा में भी प्राप्त कर सकते हैं। निःशुल्क मदद प्राप्त करने के लिए अपने Blue Shield ID कार्ड के पीछे दिए गये मेंबर/कस्टमर सर्विस टेलीफोन नंबर, या (866) 346-7198 पर कॉल करें। (Hindi)

ສິ່ງສຳຄັນ: ທ່ານສາມາດອ່ານຈົດໝາຍນີ້ໄດ້ບໍ່? ຖ້າອ່ານບໍ່ໄດ້, ພວກເຮົາສາມາດໃຫ້ບາງຄົນຊ່ວຍອ່ານໃຫ້ທ່ານຟັງໄດ້. ທ່ານຍັງສາມາດຂໍໃຫ້ແປຈົດໝາຍນີ້ເປັນພາສາຂອງທ່ານໄດ້. ສຳລັບຄວາມຊ່ວຍເຫຼືອແບບບໍ່ເສຍຄ່າ, ກະລຸນາ ໂທຫາເບີໂທຂອງຝ່າຍບໍລິການສະມາຊິກ/ລູກຄ້າໃນທັນທີເບີໂທລະສັບຢູ່ດ້ານຫຼັງບັດສະມາຊິກ Blue Shield ຂອງທ່ານ, ຫຼືໂທໂບຫາເບີ(866) 346-7198. (Laotian)